

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	LC&SJ-2k02
First Inventor	Bo-In Lin
Title	CUSTOMER RENDERS SELLER ISSUED
Express Mail Label No.	EQ698710122US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  **Fee Transmittal Form** (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  **Applicant claims small entity status.**  
See 37 CFR 1.27.
3.  **Specification** [Total Pages \_\_\_\_\_]  
Both the claims and abstract must start on a new page  
(For information on the preferred arrangement, see MPEP 608.01(a))
4.  **Drawing(s)** (35 U.S.C. 113) [Total Sheets \_\_\_\_\_]
5. **Oath or Declaration** [Total Sheets 2]  
 a.  Newly executed (original or copy)  
 b.  A copy from a prior application (37 CFR 1.63(d))  
 (for continuation/divisional with Box 18 completed)  
 i.  **DELETION OF INVENTOR(S)**  
 Signed statement attached deleting inventor(s)  
 name in the prior application, see 37 CFR  
 1.63(d)(2) and 1.33(b).
6.  **Application Data Sheet.** See 37 CFR 1.76
7.  **CD-ROM or CD-R** in duplicate, large table or  
Computer Program (Appendix)  
 Landscape Table on CD
8. **Nucleotide and/or Amino Acid Sequence Submission**  
(if applicable, items a. – c. are required)  
 a.  Computer Readable Form (CRF)  
 b.  Specification Sequence Listing on:  
 i.  CD-ROM or CD-R (2 copies); or  
 ii.  Paper  
 c.  Statements verifying identity of above copies

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation       Divisional       Continuation-in-part (CIP)      of prior application No.: 09/851,793

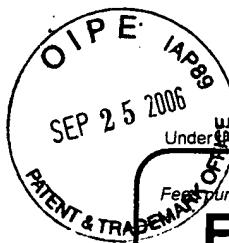
Prior application information: Examiner Alvarez, Raquel      Art Unit: 3622

## 19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> The address associated with Customer Number:				OR	<input checked="" type="checkbox"/> Correspondence address below
Name	Bo-In Lin				
Address	13445 Mandoll Drive				
City	Los Altos Hills	State	CA	Zip Code	94022
Country	USA	Telephone	(650)949-0418	Fax	(650)949-4118
Signature				Date	5/6/06
Name (Print/Type)	Bo-In Lin			Registration No. (Attorney/Agent)	33,948

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)
 **875.00**
**Complete if Known**

Application Number	09/851,793
Filing Date	May 8, 2001
First Named Inventor	Bo-In Lin
Examiner Name	Alvarez, Raquel
Art Unit	3622
Attorney Docket No.	LC&SJ-2k02

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**
**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
27	- 20 or HP = 7	x 25	= 175		50	25
HP = highest number of total claims paid for, if greater than 20.					200	100
					360	180

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
4	- 3 or HP = 1	x 100	= 100			

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =		/ 50 = (round up to a whole number) x		=

<b>4. OTHER FEE(S)</b>	<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Time Extension Fee	225

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 33,948	Telephone 650-949-0418
Name (Print/Type)	Bo-In Lin	Date	5/6/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

14418672

PTO-2038 (02-2003)

Approved for use through 02/28/2006. OMB 0651-0043

United States Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

SEP 25 2006

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## United States Patent and Trademark Office

### Credit Card Payment Form

Please Read Instructions before Completing this Form

#### Credit Card Information

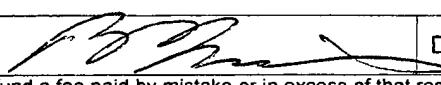
Credit Card Type:  Visa  MasterCard  American Express  Discover

Credit Card Account #: 6799

Credit Card Expiration Date: July 31, 2008

Name as it Appears on Credit Card: BOIN LIN

Payment Amount: \$ (US Dollars): 1000.00

Cardholder Signature: 

Date: 5/6/2006

**Refund Policy:** The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The office will not refund amounts of \$25.00 or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR § 1.26). Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged.

**Service Charge:** There is a \$50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR § 1.21 (m)).

#### Credit Card Billing Address

Street Address 1: 13445 Mandoli Drive

Street Address 2:

City: Los Altos Hills

State/Province: CA

Zip/Postal Code: 94022

Country: U.S.A.

Daytime Phone #: 650-949-0418

Fax #: 650-949-4118

#### Request and Payment Information

##### Description of Request and Payment Information:

Patent application fee for LIUJIAN0603

<input checked="" type="checkbox"/> Patent Fee	<input type="checkbox"/> Patent Maintenance Fee	<input type="checkbox"/> Trademark Fee	<input type="checkbox"/> Other Fee
Application No. 09/851,793	Application No.	Application No.	IDON Customer No.
Patent No. TBD	Patent No.	Registration No.	
Attorney Docket No. LC&SJ-2k01		Identify or Describe Mark	

If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form, the United States Patent and Trademark Office will not be liable in the event that the credit card number becomes public knowledge.